

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

111 First Street  
Bay City, MI 48708

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**Order Party: Name, Address and Telephone Number**

Name Syncora Guarantee & Syncora Capital Assurance

Firm Kirkland & Ellis LLP

Address 300 N. LaSalle

City, State, Zip Chicago, IL 60654

Phone 312-862-2000

Email lally.gartel@kirkland.com

**Case/Debtor Name: City of Detroit, MI**

Case Number: 13-53846

Chapter: 9

Hearing Judge Hon. Steven Rhodes

Bankruptcy     Adversary

Appeal    Appeal No: \_\_\_\_\_

**Hearing Information (A separate form must be completed for each hearing date requested.)**

Date of Hearing: 09/29/2014 Time of Hearing: 8:30 a.m. Title of Hearing: Plan Confirmation

Please specify portion of hearing requested:  Original/Unredacted  Redacted  Copy (2<sup>nd</sup> Party)

Entire Hearing  Ruling/Opinion of Judge  Testimony of Witness  Other

Special Instructions: \_\_\_\_\_

**Type of Request:**

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**Signature of Ordering Party:**

  
Date: 10/6/2014  
By signing, I certify that I will pay all charges upon completion of the transcript request.

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Transcript To Be Prepared By \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_  
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Order Received: \_\_\_\_\_

Transcript Ordered: \_\_\_\_\_

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